

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 6 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41270

Do not use this space.

1. PLACE OF DEATH

(a) County Allegheny Registration District No. 20
(b) Township Tarboro Primary Registration District No. 4 P 14
(c) City Tarboro (d) Street No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

(a) Residence, No. John Allen Wheeler St. Tarboro (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lilla Lane Wheeler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3-1870
7. AGE YEARS 70 MONTHS 10 DAYS 21 If LESS than 1 day, 0 hrs. 0 min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rail Road
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marysville Mo.

13. NAME Elinor Vance Wheeler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Harriet Ellen Vance

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

17. INFORMANT (ADDRESS) Mrs. B. Wheeler
Tarboro Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tarboro Home Cemetery Feb 27 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. M. Davis
Tarboro Mo.

20. FILED Feb 28 1941 C. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1941 to Feb 24 1941

I last saw him alive on Feb 24 1941 Death is said to have occurred on the date stated above, at 10:15 PM

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Arteriosclerosis with Hypertension

Name of operation Chloroform Date of Feb 24

What test confirmed diagnosis? Chloroform Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury Feb 24 1941

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Natural

Nature of injury Chloroform

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify C. M. Thompson

(Signed) C. M. Thompson M. D.

(Address) Tarboro Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.